

Step Therapy Program

The Step Therapy Program has been a part of the State of Delaware's prescription plan since July 1, 2003, and is a process for finding the best medication to treat a condition while ensuring the member receives the most appropriate medication and reduces the pharmacy cost for the member and the State.

Medications selected to be in the Step Therapy Program are reviewed by Medco's Independent Pharmacy and Therapeutics (P&T) Committee. This committee is made up of physicians and pharmacists who are independent of Medco. They review all new Step Therapy programs and approve or deny them. If the program is denied, then Medco will not implement or offer such a program. After approval every Step Therapy program is reviewed once per year by the P&T Committee to ensure continued clinical acceptance. It is important to note that the P&T Committee only looks at clinical acceptance and is unaware of financial information on the drugs in any particular program.

Most medications are placed in categories according to the condition to be treated. As new medications become available, a new category of medications may be designated to be placed within the Step Therapy Program. Members taking a medication newly classified under the Step Therapy Program will receive written notice of the change to allow them the opportunity of contacting their physician before the change becomes effective.

As a pharmacist processes a member's prescription through the computer system certain medications designated to be within the Step Therapy Program are identified as having an alternative medication available. Members will be provided the opportunity to contact their physician to receive a prescription for another medication or to pay full cost of the medication as originally requested.

Physicians, pharmacists, and members may request a Coverage Review by contacting Medco at 1-800-417-1764 from 8:00 A.M. to 9:00 P.M. The coverage review process normally takes two business days to complete upon receipt of the necessary information. Upon completion, Medco will send a letter to the physician and member confirming whether or not the coverage was approved. If coverage is approved prior to picking up the prescription, member will pay the normal copay only. If coverage is pending approval, members are responsible for the full cost of the medication if a prescription must be filled immediately. If member pays the full cost of the medication and then learns that coverage is approved, the member may send the receipt and claim form to Medco for processing of a reimbursement. If coverage is not approved, then the member is responsible for the full cost of the medication.

To appeal the outcome of the Coverage Review Process a member may send a written appeal to:

Medco Health Solutions, Inc.
ATTN: Coverage Appeals
8111 Royal Ridge Parkway
Irving TX 75063

For more information, call the Statewide Benefits Office at 739-8331 or Medco's Member Services at 1-800-939-2142.